



REQUEST FOR CHANGE OF NAME, ADDRESS OR DUPLICATE LICENSE

State Form 45180 (R4 / 4-03)

Approved by State Board of Accounts, 2003

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204
317-232-2980
www.in.gov/pla

Check applicable request(s):

☐ Name change

☐ Address change

☐ Duplicate pocket card

☐ Duplicate wall certificate

LICENSEE INFORMATION

Social Security number*

* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.

Current name (please print or type) (indicate new name for name change)

License number (alpha letters, numbers)

Current address (number and street) (indicate new address for address change)

Type of license you hold

City, state, ZIP code

NAME CHANGE

Previous name (please print or type)

Please attach copies of legal proof of the name change

DUPLICATE POCKET LICENSE

Required fees: (no fee for license types not indicated here)

\$5.00 for Auctioneer

\$10.00 for Appraiser, Barber, Cosmetology Professionals, Funeral and Cemetery, Land Surveyor, Professional Engineer

DUPLICATE WALL CERTIFICATE

Please note: Wall certificates are not issued for Barbers and Cosmetology Professionals.

Required fees: (no fee for license types not indicated here)

\$5.00 for Auctioneer

\$10.00 for Appraiser, Architect, Funeral and Cemetery, Professional Engineer

\$25.00 Land Surveyor

Check reason for duplicate pocket / wall certificate: ☐ Lost

☐ Destroyed

☐ Nonreceipt of original document

I hereby certify that the above information is true and correct.

Signature of licensee

Date signed (month, day, year)